1 Control number 22222	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545-0008		For Official	Use Only	
2 Employer's name, address, and ZIP code		3 Employer's identificatio	n number	4 Employ	/er's State number
		5 Stat. Deceased employee	Legal rep.	942 Sub emp.	total Void
	-	6 Allocated tips		7 Advand	e EIC payment
8 Employee's social security number 9 Federal i	ncome tax withheld	10 Wages, tips, other com	pensation	11 Social s	ecurity tax withheld
12 Employee's name (first, middle, last)		13 Social security wa	ges	14 Social	security tips
		16 *			
		17 State income tax	18 State way	gės, tips, etc.	19 Name of State
15 Employee's address and ZIP code		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and Tax Statement		For Social Security Ac structions for Forms W			Department of the Treasury Internal Revenue Service

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1 Control number	55555	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545-0008		For Official	Use Only	
2 Employer's name, addre	ess, and ZIP code		Employer's identification	on number	4 Employ	er's State number
		E	Stat Deceased employee	Legal rep.	942 Súbt emp:	otal Void
			Allocated tips	_	7 Advanc	e EIC payment
8 Employee's social security num	ber 9 Federal	income tax withheld	O Wages, tips; other con	npensation	11 Social so	ecurity tax withfield
12 Employee's name (fire	st, middle, last)		3 Social security wa	ges	14 Social	security tips
	ı		6 *			
			7 State income tax	18 State wa	ges, tips, etc.	19 Name of State
15 Employee's address a	nd ZIP code		O Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality

Form W-2 Wage and Tax Statement 1984

Copy A For Social Security Administration
* See Instructions for Forms W-2 and W-2P

Internal Revenue Service

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1 Control number 22222	For Paperwork Reduction Act Notice, see back of Copy D. OMB No. 1545-0008				
2 Employer's name, address, and ZIP code		3 Employer's identification number	4 Employer's State number		
		5 Stat Deceased Legal rep.	942 Subtotal Võid		
		6 Allocated tips	7 Advance EIC payment		
8 Employee's social security number 9 Federa	l income tax withheld	10 Wages, tips, other compensation	1:1 Social security tax withheld		
12 Employee's name (first, middle, last)		13 Social security wages	14 Social security tips		
		16 *			
	,	17 State income tax 18 State	wages, tips, etc. 19 Name of State		
1'5 Employee's address and ZIP code		20 Local income tax 21 Local	wages, tips, etc. 22 Name of locality		

1 Control number			OMB No. 1545-0008				
2 Employer's name, addr	ess, an	d ZIP code		3 Employer's identification	on number	4 Employ	yer's State number
				5 Stat. Deceased employee	Legal		ototal Void
				employee	rep.	emp.	
				6 Allocated tips		7 Advand	ce EIC payment
8 Employee's social security num	ber	9 Federal i	ncome tax withheld	10 Wages, tips, other con	npensation	11 Social s	security tax withheld
12 Employee's name, ad	dress,	and ZIP code		13 Social security wa	iges	14 Socia	l security tips
				16			
				17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
				20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Si	tatement		1 For State, City, or Lo			
1 Control number			OMB No. 1545-0008				
2 Employer's name, addr	ess, an	d ZIP code		3 Employer's identification	on number	4 Emplo	yer's State number
				5 Stat. Deceased employee	Legal rep.	942 Sul emp.	btotal Void
				6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security num	ber	9 Federali	ncome tax withheld	10 Wages, tips, other cor	mpensation	11 Social	security tax withheld
12 Employee's name, ad	dress,	and ZIP code		13 Social security wa	ages	14 Socia	l security tips
				16			
				17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
				20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax S	tatement	1984 Copy Empl	1 For State, City, or Lo oyee's and employer's co	cal Tax Dep opy compare	artment]
1 Control number			OMB No. 1545-0008				
2 Employer's name, add	ress, ar	nd ZIP code		3 Employer's identificati	on number	4 Emplo	yer's State number
				5 Stat. Deceased employee	Legal rep.	942 Su emp.	btotal Void
				6 Allocated tips	<u> </u>	7 Advan	ice EIC payment
8 Employee's social security nur	nber	9 Federal	income tax withheld	10 Wages, tips, other co	mpensation	11 Social	security tax withheld
12 Employee's name, ac	idress,	and ZIP code	9	13 Social security w	ages	14 Socia	al security tips
				16			
				17 State income tax	18 State w	ages, tips, etc.	19 Name of State

20 Local income tax

21 Local wages, tips, etc.

22 Name of locality

1 Control number							
		OMB No. 1545-0008	· · · · · · · · · · · · · · · · · · ·		,		
2 Employer's name, addre	ess, and ZIF code		3 Employer's identification	on number	4 Employ	yer's State n	umber
			5 Stat Deceased employee	Legal	942 Sut	ototal	Void
			employee	rep.]	
			6 Allocated tips		7 Advano	ce EIC payme	ent
8 Employee's social security numb	oer 9 Federal	income tax withheld	10 Wages, tips, other con	npensation	11 Social:	security tax wit	hheld
12 Employee's name, add	iress, and ZIP code	9	13 Social security wa	iges	14 Socia	security tips	5
			16				
			17 State Income tax	18 State wa	ges, tips, etc.	19 Name	of State
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of	locality
form W-2 Wage and T	ax Statement	1 1 2 0 7 1	be filed with employee's Fed ation is being furnished to the Inte			epartment of the Internal Reve	he Treasury nue Service
1 Control number		OMB No. 1545-0008					
2 Employer's name, addre	ess, and ZIF code		3 Employer's identification	on number	4 Employ	yer's State n	umber
			5 Stat Deceased employee 6 Allocated tips	Legal rep.	emp.	ototal ce EIC paymo	Void
8 Employee's social security numb	per 9 F'ederal	income tax withheld	10 Wages, tips, other con	npensation	11 Social	security tax wit	hheld

1 Control number	OMB No. 1545-0008				
2 Employer's name, addre	ss, and ZIF code	3 Employer's identificat	ion number	4 Employ	yer's State number
		5 Stat. Deceased employee	Legal rep.	emp.	ototal Void
		6 Allocated tips		7 Advand	ce EIC payment
8 Employee's social security numb	er 9 Federal income tax withheld	10 Wages, tips, other compensation 11 Social security tax with			
12 Employee's name, add	ress, and ZIP code	13 Social security w	ages	14 Socia	I security tips
		16			
		17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality

Form W-2 Wage and Tax Statement 1984 Copy B To be filed with employee's Federal tax return This information is being furnished to the Internal Revenue Service. Department of the Treasury Internal Revenue Service

1 Control number					
	OMB No. 1545-0008			,	
2 Employer's name, address, ar	nd ZIF code	3 Employer's identificat	ion number	4 Employ	er's State number
		5 Stat Deceased employee	Legal rep.	emp.	ototal Void
		6 Allocated tips		7 Advand	ce EIC payment
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	ompensation	11 Social:	security tax withheld
12 Employee's name, address,	and ZIP code	13 Social security wages 14 Social security tips			
		16			
		17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality

1 Control number						
2 Employer's name, address,	and 7IP code	OMB No. 1545-0008	3 Employer's identification	on number	4 Emplo	yer's State number
2 Employer's flame, address,	and Zir Code		2 Employer a racintinouti	JII 112111001	· cp.o.	yor o otato mambor
			5 Stat. Deceased employee	Legal rep.	942 Sut	ototal Void
				<u>'6</u>		
			6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security number	9 Federal in	come tax withheld	10 Wages, tips, other con	npensation	11 Social:	security tax withheld
12 Employee's name, addres	s, and ZIP code		13 Social security wa	ges	14 Socia	I security tips
			16			
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
1 Control number						
2 Employer's name, address,	and ZIP code	OMB No. 1545-0008	3 Employer's identification	n number	4 Employ	yer's State number
2 Employer's hame, address,	and zir code		5 Employer 3 Identification	211 11 0 111001	- Limpio	yer s otate mamber
			5 Stat. Deceased employee	Legal rep.	942 Sut	ototal Void
			6 Allocated tips		7 Advan	ce EIC payment
8 Employee's social security number	9 Federal in	come tax withheld	10 Wages, tips, other con	npensation	11 Social:	security tax withheld
12 Employee's name, addres	s, and ZIP code		13 Social security wa	iges	14 Socia	l security tips
			16			1
			17 State income tax	18 State wa	ges, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and Tax	Statement	I O O T	employee's records tion is being furnished to the Inte	rnal Revenue Ser		Department of the Treasu Internal Revenue Servi
1 Control number	Т					
		OMB No. 1545-0008			r	····
2 Employer's name, address,	and ZIP code		3 Employer's identification	on number	4 Employ	yer's State number

1 Control number	OMP No. 1545 0009				
2 Employer's name, address,	OMB No. 1545-0008 and ZIP code	3 Employer's identificat	tion number	4 Employ	yer's State number
		5 Stat Deceased employee	Legal rep.	emp.	ototal Void Ce EIC payment
8 Employee's social security number	9 Federal income tax withheld	10 Wages, tips, other co	ompensation	11 Social	security tax withheld
12 Employee's name, addre	ss, and ZIP code	13 Social security w	/ages	14 Socia	I security tips
		16			
		17 State income tax	18 State wa	ages, tips, etc.	19 Name of State
		20 Local income tax	21 Local wa	iges, tips, etc.	22 Name of locality

Notice to Employee:

You must file a tax return regardless of your income if any amount is shown in box 7, Advance EIC (earned income credit) payment.

File Copy B of this form with your 1984 Federal income tax return. Attach Copy 2 to your 1984 State or local income tax return. Please keep Copy C for your records. You can use it to prove your right to social security benefits. If your name, social security number, or address is incorrect, please correct Copies B, C, and 2 and tell your employer.

If you have already filed your tax return and the information from this W-2 was not included, please amend your Form 1040, 1040A, or 1040EZ by filing Form 1040X.

If you have nonwage income of more than \$500 and will owe tax of \$400 or more (\$500 for 1985) you should

file Form 1040-ES, Estimated Tax for Individuals, and pay the tax in installments during the year.

If you retired during 1984 or plan to retire soon, you may have to pay tax on your income either by filing Form 1040-ES or by having tax withheld from your pension or annuity. See **Publication 505**, Tax Withholding and Estimated Tax, for details.

Credit for Social Security (FICA) Tax.—If more than one employer paid you wages during 1984 and more than the maximum social security employee tax, railroad retirement (RRTA) tax, or combined social security and RRTA tax was withheld, you can claim the excess as a credit against your Federal income tax. (Please see your Federal income tax return instructions.) The social security rate of 6.7% (after allowance of a 0.3% credit) includes 1.3% for hospital insurance benefits and 5.4% for retirement, survivors, and disability insurance.

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1 Control number						
		OMB No. 1545-0008	10.5	P	4 5	Ct-t
2 Employer's name, address, and ZIP code			3 Employer's identification number		4 Employer's State number	
			5 Stat. Deceased employee	Legal rep.	942 Su emp.	btotal Void
			6 Allocated tips		7 Advan	ce EIC payment
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8 Employee's social security number 9 Federal income tax withheld			10 Wages, tips, other c	ompensation	11 Social security tax withheld	
12 Employee's name, addre	ess, and ZIP code	2	13 Social security v	vages	14 Socia	i security tips
			16			
			17 State income tax	18 State wa	ages, tips, etc.	19 Name of State
			20 Local income tax	21 Local wa	ages, tips, etc.	22 Name of locality
1 Control number						
2 Employer's name, address	, and ZIP code	OMB No. 1545-0008	3 Employer's identification number		4 Employer's State number	
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			5 Stat. Deceased employee	Legal rep.	942 Su emp.	btotal Yoid
			6 Allocated tips	<u> </u>		ce EIC payment
8 Employee's social security number 9 Federal income tax withhel		income tax withheld	10 Wages, tips, other compensation		11 Social security tax withheld	
12 Employee's name, addre	ess, and ZIP code)	13 Social security v	vages	14 Social security tips	
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			17 State income tax	18 State w	ages, tips, etc.	19 Name of State
			20 Local income tax	21 Local w	ages, tips, etc.	22 Name of locality
orm W-2 Wage and Tax	x Statemen		To be filed with employee's tax return. Employee's and er			
		OMB No. 1545-0008			T 4 51-	
2 Employer's name, address, and ZIP code			3 Employer's identifica	ition number	4 Emplo	oyer's State number
		,	5 Stat. Deceased employee	Legal rep.	emp.	ibtotal Void
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			17 State income tax	18 State w	ages, tips, etc.	19 Name of State
			20 Local income tax	21 Local w	ages, tips, etc.	22 Name of locality

1 Control number			0140 41 1545 0000				
2 Employer's name, addr	ess, and 7	ZIP code	OMB No. 1545-0008	3 Employer's identificatio	n number	4 Employ	er's State number
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				5 Stat Deceased employee	Legal rep.	942 Sub emp.	total Void
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8 Employee's social security number 9 Federal income tax withheld			10 Wages, tips, other compensation 11 Sc			ecurity tax withheld	
12 Employee's name, address, and ZIP code			13 Social security wa	ges	14 Social security tips		
				16			
				17 State income tax	18 State wages, tips, etc.		19 Name of State
				20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Sta	tement	1984	Copy D for employer	l	D	epartment of the Treasury Internal Revenue Service
1 Control number	T						
1 Control number			OMB No. 1545-0008				
2 Employer's name, add	ress, and a	ZIP code		3 Employer's identification	on number	4 Employ	er's State number
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				5 Stat Deceased employee	Legal rep.	942 Sub emp.	ototal Void
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8 Employee's social security num	nber 9	Federal ii	ncome tax withheld	10 Wages, tips, other com	npensation	11 Social s	security tax withheld
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				20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality
Form W-2 Wage and T	ax Sta	tement	1984	Copy D for employer		C	epartment of the Treasury
1 Control number							Internal Revenue Service
			OMB No. 1545-0008				
2 Employer's name, address, and ZIP code			3 Employer's identification number 4 Employer's State number				
				5 Stat. Deceased employee	Legal rep.	942 Sut emp.	ototal Void
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				16			
			17 State income tax			19 Name of State	
			20 Local income tax	21 Local wa	ges, tips, etc.	22 Name of locality	

Instructions for Preparing Form W-2

The 6-part wage and tax statement is acceptable in most States. If you are in doubt, ask your appropriate State or local official.

Prepare Form W-2 for each of your employees to whom any of the following items applied during 1984:

- (a) You withheld income tax or social security (FICA) tax.
- (b) You would have withheld income tax if the employee had not claimed more than one withholding allowance.
- (c) You paid \$600 or more.
- (d) You paid any amount for services, if you are in a trade or business. Include the cash value of any payment you made that was not in cash.

By January 31, 1985, give Copies B, C, and 2 to each person who was your employee during 1984. For anyone

who stopped working for you before the end of 1984, you may give copies any time after employment ends. If the employee asks for Form W-2, give him or her the completed copies within 30 days of the request or the final wage payment, whichever is later. Send Copy A to the Social Security Administration by February 28, 1985. (For more information, please see Forms 941, 942, W-3, or Circular E. Farmers, see Circular A.)

See separate Instructions for Forms W-2 and W-2P for more information on how to complete Form W-2.

Paperwork Reduction Act Notice.— We ask for this information to carry out the Internal Revenue laws of the United States. We need it to ensure that taxpayers are complying with these laws and to allow us to figure and collect the right amount of tax. You are required to give us this information.

☆ U.S. GOVERNMENT PRINTING OFFICE: 1984 — 390-028 36-2469137

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